

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (f))

DEC 05 2011
at 3 o'clock and 15 min. M.
SUE BEITIA, CLERK

This summons for (name of individual and title, if any) ALOHA PLASTIC SURGERY, LLC
was received by me on (date) 12/2/2011.

☐ I personally served the summons on the individual at (place) _____
on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) MICHAEL ANTHONY PASQUALE, who is
designated by law to accept service of process on behalf of (name of organization) ALOHA PLASTIC
SURGERY, LLC on (date) 12/3/2011; or


☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 12/3/11


Server's signature

Jacinto Carrasco III
Civil Process Server

P.O. Box 4302
Honolulu, HI 96812
Tel: (808) 521-5800

Additional information regarding attempted service, etc: